


FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

FOR ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 857, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMR <u>020022</u>	2. PERIOD COVERED MO DAY YEAR From <u>01</u> <u>01</u> <u>2001</u> Through <u>12</u> <u>31</u> <u>2001</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>ERMA</u> Last Name <u>MITCHELL</u> P.O. Box • Building and Room Number (if any) _____ Number and Street <u>8701 ARLIE DRIVE</u> City <u>AMARILLO</u> State <u>TX</u> ZIP Code + 4 <u>79108-1964</u>		
IMPORTANT Peel off the address label from the bk of the package and place it here. If the label information is correct, leave it 4 through 8 blank. If any of the label information is incorrect, complete items 4 through 8.			
4. AFFILIATION OR ORGANIZATION NAME <u>HOTEL & RESTAURANT EMPLOYEES</u>			
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL 441</u> DESIGNATION NUMBER <u>33</u>			
7. UNIT NAME (if any)			

19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number <u>10</u>	<u>Dues Increased From 21.30 a month to 22.60 a month</u>

Each of the undersigned, duly authorized officers of the labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
20. SIGNED: <u>Erma Mitchell</u> <u>04106102</u> <u>(806) 383-0113</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	21. SIGNED: <u>(Deceased)</u> <u>41612002</u> <u>(806) 383-0113</u> Date Telephone Number	TREASURER (If other title, see instructions.)

Complete Items 9 through 18.

9. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

10. Did your organization change its rates of dues and fees during the reporting period? Yes ☒ No ☐
(If "Yes," report the new rates in Item 19 on page 1.)

11. Did your organization discover any loss or shortage of funds or property during the reporting period? Yes ☐ No ☒
(If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)

12. Was your organization insured by a fidelity bond during the reporting period? Yes ☒ No ☐
If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person. \$ 500

13. How many members did your organization have at the end of the reporting period? 33

14. Enter the total value of yr organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.). \$ 8521

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loan owed, etc.). \$ -0-

16. Enter the total receipts your organization during the reporting period (dues, fees, interest received, etc.). \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form. \$ 7972

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, payments to officers, payments for office supplies, etc.). \$ 5728

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). \$ 1650

Please be sure to:

- Enter your union's 6-digit number in Item 1.
- Report a time period of more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM must be filed within 90 days after the end of your union's fiscal year.